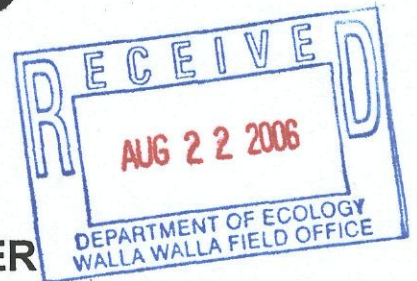




STATE OF WASHINGTON
**APPLICATION FOR CHANGE/TRANSFER
OF WATER RIGHT**



For filing with the Department of Ecology or with County Conservancy Boards

**A NON-REFUNDABLE MINIMUM FEE OF \$50.00 PAYABLE TO THE DEPARTMENT OF
ECOLOGY MUST ACCOMPANY THIS APPLICATION**

(Check all that apply.)

- ☐ Change purpose(s) of use
☐ Add purpose(s) of use
☐ Change point(s) of diversion/withdrawal
☐ Add point(s) of diversion/withdrawal
☐ Change/transfer place of use
☐ Other (i.e. consolidation, intertie, trust water)

Explain: Error in existing point of
diversion shown on certificate
#317106 dated 12/9/48

FOR OFFICE USE ONLY

CHANGE No. CS3-28120JE1 WRIA 32

DATE ACCEPTED 10 / 18 / 2006 BY K. Ryf

FEE \$ 50.00 REC'D 8 / 22 / 2006

CHECK No. 6121

SEPA: ☒ Exempt ☐ Not exempt

Walla Walla County

****IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL SHEETS (PLEASE PRINT OR TYPE CLEARLY)****

1. Applicant Information:

APPLICANT/BUSINESS NAME <u>Ketelsen-Needham-Pringle</u>	PHONE NO. <u>(509) 525-3391</u>	FAX NO. <u>()</u>
ADDRESS <u>1037 Brevor Place</u>		
CITY <u>Walla Walla</u>	STATE <u>WA</u>	ZIP CODE <u>99362</u>

CONTACT NAME (IF DIFFERENT FROM ABOVE) <u>Ray T. Pringle</u>	PHONE NO. <u>(509) 525-3391</u>	FAX NO. <u>(509) 529-3551</u>
ADDRESS <u>1037 Brevor Place</u>		
CITY <u>Walla Walla</u>	STATE <u>WA</u>	ZIP CODE <u>99362</u>

2. Water Right Information:

WATER RIGHT OR CLAIM NUMBER <u>Adjudicated cert #120 w/change #258</u>	RECORDED NAME(S) <u>Allen F. Ketelsen-</u> <u>Mike Needham-Ray T. Pringle</u>
DO YOU OWN THE RIGHT TO BE CHANGED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<u>10/30/06 120A Ketelsen-Needham-Pringle</u> <u>120B Michael Moses</u>
IF NO, PROVIDE OWNER(S) NAME and ADDRESS:	
HAS THE WATER BEEN PUT TO BENEFICIAL USE IN THE LAST FIVE (5) YEARS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

Please attach copies of any documentation that demonstrates consistent, historical use of water since the right was established. Also, if you have a water system plan or conservation plan, please include a copy with your application.

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APP. NO. _____ PERMIT NO. _____ CERT. NO. 120 CERT. OF CHANGE NO. 258

3. Point(s) of Diversion/Withdrawal:

A. Existing Shown on document

SOURCE	NO.	-1/4	-1/4	-SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Yellowhawk Creek	NE1/4-NW1/4-SW1/4-Sec23-T7NR36E							

B. Proposed Where it is since 1948

SOURCE	NO.	1/4	1/4	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Yellowhawk Creek		NW	SW	23	7	36	360723320018	---

DO YOU OWN THE EXISTING AND PROPOSED POINT(S) OF DIVERSION/WITHDRAWAL?

EXISTING: ☒ YES ☐ NO PROPOSED: ☒ YES ☐ NO - IF NO, PROVIDE OWNER(S) NAME:

Please include copies of all water well reports involved with this proposal. Also, if you know the distances from the nearest section corner to the above point(s) of diversion/withdrawal, please include that information in Item No. 6 (remarks) or as an attachment.

4. Purpose of Use:

A. Existing No Change

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE

B. Proposed

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE

5. Place of Use: No Change

A. Existing

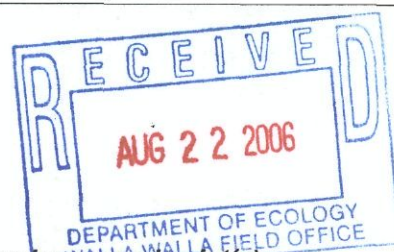
LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:							
1/4	1/4	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES

DO YOU OWN ALL THE LANDS IN THE EXISTING PLACE OF USE? ☐ YES ☐ NO - IF NO, PROVIDE OWNER(S) NAME:

B. Proposed

LEGAL DESCRIPTION OF LANDS WHERE NEW USE IS PROPOSED:							
1/4	1/4	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES

DO YOU OWN ALL THE LANDS IN THE PROPOSED PLACE OF USE? ☐ YES ☐ NO - IF NO, PROVIDE OWNER(S) NAME:



Attach a detailed map of your proposed change/transfer. The map should show existing and proposed point(s) of diversion/withdrawal, place of use and any other features involved with this application. If platted property, please include a certified copy of the plat map.

Are there any ADDITIONAL WATER rights OR CLAIMS RELATED to the same property as the ONE PROPOSED FOR CHANGE/TRANSFER?
☐ YES ☐ NO - IF YES, PROVIDE THE WATER RIGHT/CLAIM NUMBER(S):

6. Remarks and Other Relevant Information:

The point of diversion obtained by Mayne Hauber in December 1948 was in error. The point of diversion is and has been the same since December 1948. This application is to correct the error of 1948.

IF FOR SEASONAL OR TEMPORARY, START DATE ____/____/____ END DATE ____/____/____

Certain applications may incur a Real Estate Excise Tax liability for the seller of the water rights. The Department of Revenue has requested notification of potential taxable water right related actions and therefore may be provided with a copy of this request.

Please contact the State Department of Revenue for further information. The phone number is (360) 570-3265. The address is: Department of Revenue, Real Estate Excise Tax, PO Box 47477, Olympia, WA 98504-7477.

7. Signatures:

I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I am hereby granting staff from the Department of Ecology or the County Conservancy Board access to the above site(s) for inspection and monitoring purposes. If assisted in the preparation of the above application, I understand that all responsibility for the accuracy of the information rests with me.

Allen F. Ketelsen
Allen F. Ketelsen

8/21/06

Mike Needham
Mike Needham

8/21/06
(Date)

Ray T. Pringle
Ray T. Pringle

Aug 21, 06
(Date)

(Water Right Holder) same

same

(Land Owner(s) of Existing Place of Use)

(Date)

IMPORTANT! APPLICATION FILING INFORMATION IS PROVIDED ON THE NEXT PAGE.

WE ARE RETURNING YOUR APPLICATION FOR THE FOLLOWING REASON(S):

- ☐ APPLICATION FEE NOT ENCLOSED ☐ MAP NOT INCLUDED or INCOMPLETE
☐ ADDITIONAL SIGNATURES REQUIRED ☐ SECTION _____ IS INCOMPLETE
☐ OTHER/EXPLANATION: _____

STAFF: _____ DATE: ____/____/____

ATTACHMENT FOR APPLICATION FOR CHANGE

Point(s) of Diversion/Withdrawal - ☐ Existing ☐ Proposed:

SOURCE	NO.	1/4	1/4	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #

DO YOU OWN THE ABOVE POINT(S) OF DIVERSION/WITHDRAWAL? ☐ YES ☐ NO - IF NO, PROVIDE OWNER(S) NAME:

Purpose(s) of Use - ☐ Existing ☐ Proposed:

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE

Place of Use - ☐ Existing ☐ Proposed:

LEGAL DESCRIPTION OF LANDS							
1/4	1/4	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES

DO YOU OWN ALL THE LANDS IN ABOVE PLACE OF USE? ☐ YES ☐ NO - IF NO, PROVIDE OWNER(S) NAME:

If you require this document in an alternate format, please contact the Water Resources Program at (360) 407-6600 or TTY (for the speech or hearing impaired) at 711 or 1-800-833-6388.